



## ***City of Seat Pleasant***

### ***Neighborhood & Commercial Compliance***

*311 68<sup>th</sup> Place, Seat Pleasant, MD 20743 Phone: (301) 336-2600 Fax: (301) 456-8681 [www.seatpleasantmd.gov](http://www.seatpleasantmd.gov)*

# ***Charitable Organizations and Religious License Application***

**20\_\_\_\_\_**

**DISCLOSURE:** Please fill out application in its entirety if something doesn't apply please write N/A, **incomplete applications will result in denial of application and delay your Business license.** Licenses will be issued after inspection is completed and passed.

## APPLICATION FOR CHARITABLE AND RELIGIOUS LICENSE

### INFORMATION

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☐ New ☐ Renewal If this is a renewal application, has the ownership of the business changed since the last application? \_\_\_\_\_

**Charitable/Religious Name:** \_\_\_\_\_ **IRS #** \_\_\_\_\_

Contact Owner's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Business Type:** ☐ Faith-Based Institution ☐ Restaurant ☐ Bar ☐ Grocery/Convenience ☐ Real Estate ☐ Insurance ☐ Marketing/Advertising ☐ Printing ☐ Liquor ☐ Medical/Healthcare ☐ Tax ☐ Service ☐ Day Care ☐ Pest control ☐ Retail ☐ Laundromat ☐ Arts Related ☐ Bakery ☐ Pet Care

☐ Other \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Year established: \_\_\_\_\_

Website: \_\_\_\_\_

Social Media: Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

Instagram: \_\_\_\_\_ Other \_\_\_\_\_

### IDENTIFICATION

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**Owner's Name** \_\_\_\_\_

Owner's Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Person responsible for upkeep and maintenance of the interior of the property: ☐ Owner ☐ Tenant

Person responsible for upkeep and maintenance of the exterior of the property: ☐ Owner ☐ Tenant

Person responsible for utilities (water/electric): ☐ Owner ☐ Tenant

Person responsible for snow removal: ☐ Owner ☐ Tenant

Person responsible for trash removal: ☐ Owner ☐ Tenant

**APPLICATION CHECKLIST**

All applicable the items MUST be provided at time of application. **Failure to include proper documentation will result in a delay of your License and possible fines. No licenses will be issued until after all documents are submitted, approved, and inspection has been completed and passed.** Inspection checklist is attached.

- ☐ Trash Collection – (submit contract or invoice)
- ☐ IRS Determination Letter
- ☐ Copy of Prince George’s County Use and Occupancy (U & O) permit
- ☐ Copy of current Prince George’s County Health Department Inspection certificate for all commercial businesses that prepare food on-site (this is an Annual Inspection)

**FEE CALCULATIONS**

1. Non-Profit Organization/Faith Based Institution Fee	\$0.00
2. Late Fees:	
Renewal after Deadline (June 30th) - \$100.00	
Operating without valid license – \$1000.00	\$ _____
TOTAL:	\$ _____

**APPLICANT SIGNATURE**

I hereby certify that the information on this application is true and correct. I hereby certify that I am the business of the subject property and have received permission through a lease or have ownership to conduct business at the property. I am familiar with the applicable codes, requirements and fines of the City of Seat Pleasant. Therefore, I take full responsibility for all code compliance issues as it relates to the upkeep of the building. Further I agree to conform to all applicable laws and ordinances of jurisdiction to the City of Seat Pleasant.

Owner/Representative’s Printed Name	Title	Signature	Date
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**PLEASE ALLOW TWO WEEKS FOR PROCESSING YOUR REQUEST**

**For Official Use Only**

**Compliance Inspector**

Inspection: ☐ Passed ☐ Failed

Date: \_\_\_\_\_

Re inspection: ☐ Passed ☐ Failed

Date: \_\_\_\_\_

**License Issued:**

Date \_\_\_\_\_

Signature \_\_\_\_\_

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**NCC Lead Inspector:** ☐ *Copied*

**Finance Department:** ☐ *Copied*

**Economic Development Director:** ☐ *Copied*